

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO. 09/332803	FILING DATE		
								APPLICANT(S)			
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/						51				
2	/						52	Cancel	#52		
3	/						53	/			
4							54	Cancel	#54		
5							55				
6							56				
7							57				
8							58	Cancel			
9							59	/			
10							60				
11							61				
12							62				
13							63				
14							64				
15							65				
16							66				
17	/						67				
18	Cancel						68				
19							69				
20							70				
21							71				
22	Cancel						72				
23	/						73				
24	/						74				
25	/						75				
26	/						76				
27	/						77				
28	/						78	/			
29	/						79				
30	/						80				
31	/						81				
32	/						82				
33	Cancel						83				
34							84				
35							85				
36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50	✓						100				
TOTAL IND.	6						TOTAL IND.	6			
TOTAL DEP.	21	↔		↔		↔	TOTAL DEP.	21	↔		
TOTAL CLAIMS	27						TOTAL CLAIMS	27			